

**GRADUATE SCHOOLS AND DOCTORAL PROGRAMS – YEAR 2010
CALL FOR ADMISSIONS**

- APPLICATION FORM -

(to be completed in block capitals and in a clear and legible manner)

Al Magnifico Rettore
Università degli Studi di Verona
Via dell'Artigliere, 8 – 37129 VERONA
ITALIA

In accordance with art 46 and 47 of the Pres. Decree 28th December 2000, n 445 ("Consolidation Act for legal and regulatory dispositions for administrative materials")

The undersigned			
SURNAME			
NAME			
Tax Code			
or NOT IN POSSESSION OF AN ITALIAN TAX CODE (FOREIGN CITIZENS ONLY) <input type="checkbox"/>			
PLACE OF BIRTH			
TOWN		COUNTRY	
DATE OF BIRTH		GENDER	M <input type="checkbox"/> F <input type="checkbox"/>
NATIONALITY (foreign citizens must attach certificate of nationality)			
HEREBY REQUESTS			
To participate in the selection in order to apply for:			
<input type="checkbox"/> Graduate School of _____			
<input type="checkbox"/> Doctoral Program in* _____ (indicate a program relative to a Graduate School) Curriculum (if any) _____			
<input type="checkbox"/> Doctoral Program in* _____ (indicate a program relative to a Graduate School) Curriculum(if any) _____			
<input type="checkbox"/> Doctoral Program in _____ (indicate a program not relative to a Graduate School) Curriculum (if any) _____			
*Candidates intending to apply for more than one curriculum in a Doctoral Program or more than Doctoral Program within the same Graduate School, can apply using the same Application Form specifying the programs and/or curricula for which they intend to apply, complete with specific qualifications required in order to be taken into consideration.			
DECLARES ON HIS OWN RESPONSIBILITY			
A) TO LIVE IN:			
ADDRESS			
TOWN			

POSTCODE	COUNTRY
TELEPHONE	MOBILE
FAX	
E-MAIL	
<input type="checkbox"/> Tick if these details are the same as those to be used during the application process for contact purposes. If not, then complete the section underneath	
B) HE/SHE CAN BE CONTACTED DURING THE APPLICATION PROCESS AT:	
ADDRESS	
TOWN	
POSTCODE	COUNTRY
TELEPHONE	MOBILE
FAX	
E-MAIL (Please, complete this item in block capitals and in a clear and legible manner)	
It is important that the above information is given correctly since all correspondence relative to the selection process will be sent to this address. The candidate is obliged to give timely notice of any change in address.	
C) TO HAVE BEEN AWARDED THE FOLLOWING ACADEMIC QUALIFICATION (reserved for candidates with an academic qualification released by a foreign university):	
<input type="checkbox"/> A MASTER DEGREE (_____ /S) IN: _____	
AT THE UNIVERSITY OF:	DATE
COUNTRY	
D) THAT HE/SHE WILL BE AWARDED THE FOLLOWING QUALIFICATION within and not after the beginning of the Doctoral Program (1 st January 2010), and will provide either the degree certificate or self-certification to the PhD Staff Committee during the exam session;	
<input type="checkbox"/> A FOUR YEARS DEGREE IN (curriculum in accordance with Min. Decree 509/1999): _____	
<input type="checkbox"/> A MASTER DEGREE (_____ / S) IN: _____	
UNIVERSITY	
COLLEGE/SCHOOL	
All documents attached may be in Italian, English, French or Spanish. Official documents, such as degree certificates, exams taken with grades awarded, certificate of nationality if written in another language must be accompanied by a translation in Italian or English	
<input type="checkbox"/> degree certificate with exams taken and grades awarded indicated (on plain paper);	
<input type="checkbox"/> n° (one or more) letters of reference from the University that released the degree/qualification;	
<input type="checkbox"/> If the qualification has already been approved as being an equivalent to an Italian degree (old curriculum degree or masters degree for the new curriculum),	
DECLARES	
To have obtained approval from the following Italian University _____ with Rectorial Decree no _____ dated _____	
<input type="checkbox"/> If the foreign degree has not be declared as an equivalent,	
HEREBY REQUESTS	
for the sole purpose of being admitted to the Doctoral Program, to obtain the relative approval. Documents that may help the PhD Staff Committee verbally approve this degree as an equivalent must be attached.	

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E) TO HAVE ATTACHED A COMPLETE LIST OF THE FOLLOWING QUALIFICATIONS, TO THE APPLICATION FORM, TO BE EVALUATED BY THE PhD STAFF COMMITTEE:						
G) TO WISH TO TAKE THE EXAM IN THE FOLLOWING FOREIGN LANGUAGE CHOSEN FROM THOSE INDICATED FOR THE SELECTION PROCESS:						
F) TO CHOOSE THE FOLLOWING FOREIGN LANGUAGE FOR THE ORAL EXAM: _____						
G) TO WISH TO TAKE THE EXAM IN VIDEO-CONFERENCE (ONLY IF THIS PROCEDURE IS FORESEEN IN THE ATTACHMENT NO. 1)						
<input type="checkbox"/> YES						
<input type="checkbox"/> NO						
CONTACT E-MAIL ADDRESS FOR THE OFFICIAL COMMUNICATIONS***: _____						
*** the candidate must provide a contact e-mail address in order to receive the official notification and other communications.						
H) TO BE REGISTERED AS DISABLED BY THE FOLLOWING AUTHORITY:						

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">ACT DATED</td> <td style="width: 40%;">NUMBER</td> </tr> <tr> <td colspan="2">RELATIVE TO THE FOLLOWING PATHOLOGY</td> </tr> <tr> <td colspan="2">_____</td> </tr> </table>	ACT DATED	NUMBER	RELATIVE TO THE FOLLOWING PATHOLOGY		_____	
ACT DATED	NUMBER					
RELATIVE TO THE FOLLOWING PATHOLOGY						

TO NEED THE FOLLOWING SPECIAL PROVISIONS IN ORDER TO CARRY OUT ADMISSION EXAMS (aids and extra time):						

I) to be aware that the University administration does not accept responsibility for loss of correspondence due to incorrect addresses provided by the candidate or late notification of change of address, nor for any postal problems, or any event influenced by third parties, fortuitous event or force majeure;						
L) to be sure to communicate, via registered mail, timely communication of any change in address that may occur after application;						
M) to have read the "PhD regulations at the <i>Università di Verona</i>", and "Regulatory framework of the Graduate Schools at the <i>Università di Verona</i>" and regulations for the selection process;						
N) to be aware of sanctions detailed in art. 76 of Pres. Decree no.445/2000, and subsequent changes or integrations, should he/she make false claims, or declare to have false qualifications or use false documents and that art. 75 of the same Decree imposes that benefits awarded on the basis of these false declarations will be withdrawn;						
O) to agree that, with reference to dispositions in Leg. Decree. 30th June 2003 no. 196 "Code for protection of personal data" regarding the protection of people and other subjects with respect to handling of personal data and, in particular, dispositions in art. 1313, personal data provided by the candidate will be held by the <i>Università degli Studi di Verona</i> for purposes relative to the application and selection processes and as a consequence will also be stored into electronic databases. It is essential that this data are provided so as to be able to evaluate the candidate's suitability for the course. Data may be passed on to public offices on the basis of laws or regulations and in all cases in which they hold rights detailed in art. 7,8,9 and 10 of the above mentioned decree, amongst which there is the right to access data regarding them, as well as other accompanying data such as the right to rectify, update, complete or cancel incorrect data, or data that is either incomplete or has been gathered in an illegal manner, as well as the right to oppose to their handling for legal reasons.						

WARNING:

1. The application form, together with any qualification, addressed to *Rettore dell'Università degli Studi di Verona, Via dell'Artigliere 8 – 37129 Verona – Italy*, must be submitted by the closing date set to September, 21st 2009.

ATTENTION: The postmark date does not constitute proof of dispatch

2. Applications submitted after the closing date, missing a signature, personal data or the exact denomination of the Doctoral Program/Graduate School for which the candidate is applying will not be taken into consideration.

Date : _____

Signature . _____